WARREN COUNTY TECHNICAL SCHOOL DISTRICT

1500 Route 57, Washington, NJ 07882-3538

www.wctech.org 908-689-0122

PARENTAL AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTERING STUDENTS MEDICATION

A. To be completed by the Parent/Guardian:

I request that my child_____________________________ in grade______ receive the medication as prescribed below by our physician. The medication is to be provided by me in the properly labeled original container from the pharmacy. I understand that the school nurse will administer the medication.

Signature of Parent/Guardian____

Address____

Telephone number____ Date____________________

B. To be completed by the Physician:

I request that my patient, listed below, receive the following medication:

Name of pupil____ Age_____________________

Diagnosis____

Name of medication____

Prescribed dosage and means of administering____

Warren County Technical School does not discriminate on the basis of race, color, national origin, sex, disability, religion, sexual orientation, or age in its educational programs and activities, including admission to or employment in such programs or activities.

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Time to be taken during school hours____

Expected duration of treatment____

Possible side effects and adverse reactions (if any) ____

____

Other recommendations____

____

PHYSICIAN NAME (PLEASE PRINT) ____

Phone____

Physician's signature____

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